

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048394

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12063

FILED DEC 21 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN St. Louis

Length of stay in 1b

(unk)

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY

c. CITY OR TOWN St. Louis

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

5330 Pershing

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

IDABELL

Middle

Last

HANDELMAN

4. DATE OF DEATH

Month

12-13-1962

Day

Year

5. SEX

female

6. COLOR OR RACE

cauc.

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10-10-1902

9. AGE (last birthday)

60

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Saleswoman, Retail

10b. KIND OF BUSINESS OR INDUSTRY

Furs

11. BIRTHPLACE (City and state or country)

USSR

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Rubin Frager

13b. MOTHER'S MAIDEN NAME

Buelah nee Frager

14. NAME OF HUSBAND OR WIFE

Samuel

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or dates of service)

No

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Herman Frager

8341 Seville

32

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia

INTERVAL BETWEEN ONSET AND DEATH

14 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Calculus pyelonephritis

DUE TO (c)

602x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☒ No☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12/11/62 to 12/13/62 and last saw her alive on 12/13/62. Death occurred at 12/13/62 6:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Morris Abraham

M.D.

22b. ADDRESS

4919 Forest Park Blvd

22c. DATE SIGNED

12/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

12-16-62

23c. NAME OF CEMETERY OR CREMATORY

Chesed Shel Emeth Cem.

23d. LOCATION (City, town, or county)

Univ. City

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Berger Memorial 4715 McPherson

25. DATE RECD. BY LOCAL REG.

Dec 15, 1962

26. REGISTRAR'S SIGNATURE

Karl Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Quinn J. Juding

Licensed Embalmer No. 4229

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.